

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036272

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5061 STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 Week		c. CITY OR TOWN Overland Park		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Westport Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8033 Marty		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Middle Love Last Love				4. DATE OF DEATH Month Oct. Day 19 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 9, 1871		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building contractor			10b. KIND OF BUSINESS OR INDUSTRY Homes		11. BIRTHPLACE (City and state or country) Penn.		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Alexander Love				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Jessie Love					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Jessie Love Overland Park Kansas								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) acute pneumonia										24 hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Progressive Encephalomalacia 3 yrs.			
										DUE TO (c) arterio-sclerotic cerebro-vascular Dis 15 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from Oct. 13, 1959 to Oct 19, '59 and last saw ^{her} him alive on Oct 18, '59 Death occurred at 10:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Ronald J. Smith, M.D. (Degree or title)					22b. ADDRESS 8033 Santa Fe Dr. Overland Park, Ks.				22c. DATE SIGNED Oct 20, 59				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Oct. 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Corinth				23d. LOCATION (City, town, or county) Overland Park Kansas (State)					
24. FUNERAL DIRECTOR J. Royce Hope Overland Park Ks ADDRESS					25. DATE RECD. BY LOCAL REG. 10-21-59		26. REGISTRAR'S SIGNATURE Neva Trainor						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Ronald J. Smith**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Royce Hoge

Licensed Embalmer No.

3579

P. O. Address

Alvord Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.